



STUDENT ENROLMENT FORM for 201__

Please fill out this form **IN BLUE OR BLACK PEN** and in **CAPITALS**.

Details of Parent or Guardian 1

Surname:

First Name(s):

Title: Mr Mrs Ms Dr Prof

Relationship to Student:

Mother Father

Other (please specify):

.....

Residential Address:

Unit no.:

Street no.:

Street name:

Suburb/Town:

State :.....

Postcode:

Country (if not Australia):

Postal Address (if different from residential address):

.....

.....

Occupation:

Home phone:

Work phone:

Mobile phone:

Email:

Details of Parent or Guardian 2

Surname:

First Name(s):

Title: Mr Mrs Ms Dr Prof

Relationship to Student:

Mother Father

Other (please specify):

.....

Residential Address (if different from Guardian 1):

Unit no.:

Street no.:

Street name:

Suburb/Town:

State :.....

Postcode:

Country (if not Australia):

Postal Address (if different from Guardian 1):

.....

.....

Occupation:

Home phone:

Work phone:

Mobile phone:

Email:

I hereby give permission for my details to be given to JCA Yes No

We are interested in being part of BJE's Parent Liaison Committees—please contact us with more information. Yes No

Please note: **Fees are charged and payable each semester for Emet Extension, Emet Traditions and Emet Hebrew. For details, please contact our Accounts Department on 9365 7900.**

PTO ⇨

Student 1

Surname:

First Name(s):

Gender: male / female

Date of Birth: //

Email address:

I/we wish to enrol this student at the following school:.....

In the following Year / Class:.....

In the following programme/s:

- Emet ('Scripture') Emet Hebrew
- Emet Extension Emet High School
- Emet Traditions

Student Medical Details:

Does the student have:

Asthma : Yes No

ADHD : Yes No

Allergies: Yes No

If yes, please specify:

.....

Does the student take / need medication:

Yes No

Please specify:

.....

Other issues that BJE should be aware of:

.....

Student 2

Surname:

First Name(s):

Gender: male / female

Date of Birth: //

Email address:

I/we wish to enrol this student at the following school:.....

In the following Year / Class:.....

In the following programme/s:

- Emet ('Scripture') Emet Hebrew
- Emet Extension Emet High School
- Emet Traditions

Student Medical Details:

Does the student have:

Asthma : Yes No

ADHD : Yes No

Allergies: Yes No

If yes, please specify:

.....

Does the student take / need medication:

Yes No

Please specify:

.....

Other issues that BJE should be aware of:

.....

Student 3

Surname:

First Name(s):

Gender: male / female

Date of Birth: //

Email address:

I/we wish to enrol this student at the following school:.....

In the following Year / Class:.....

In the following programme/s:

- Emet ('Scripture') Emet Hebrew
- Emet Extension Emet High School
- Emet Traditions

Student Medical Details:

Does the student have:

Asthma : Yes No

ADHD : Yes No

Allergies: Yes No

If yes, please specify:

.....

Does the student take / need medication:

Yes No

Please specify:

.....

Other issues that BJE should be aware of:

.....

Student 4

Surname:

First Name(s):

Gender: male / female

Date of Birth: //

Email address:

I/we wish to enrol this student at the following school:.....

In the following Year / Class:.....

In the following programme/s:

- Emet ('Scripture') Emet Hebrew
- Emet Extension Emet High School
- Emet Traditions

Student Medical Details:

Does the student have:

Asthma : Yes No

ADHD : Yes No

Allergies: Yes No

If yes, please specify:

.....

Does the student take / need medication:

Yes No

Please specify:

.....

Other issues that BJE should be aware of:

.....

MEDIA CONSENT

I/We, the person(s) whose signature appears below, hereby give my/our consent for submitted photos or videos of my child/ren and/or myself to be used by the New South Wales Board of Jewish Education and/or any of its officers, employees, contractors or agents (collectively **BJE**) in the course of or in connection with the operations and activities of BJE. I/We confirm that I am/ we are authorised to give this permission.

I/we give my/our consent for the submitted photograph(s) or video footage to be displayed in newspapers and magazines (whether print or digital), on any BJE website, on any social media platform and in any promotional material or brochures that BJE may use or develop. I/we also release and hold harmless BJE, its contractors, employees and any third party involved in the creation or publication of such material from liability for any claims by me/us or any third party in connection with the use of this/these photograph(s) or video(s).

I/we understand that:

- all material gathered is subject to the editorial discretion of BJE; and
- BJE may at its sole discretion and without being required to consult with me /us, elect to use or not use, all or any of the material gathered.

Signature of Parent

Date:/...../.....

Printed name of Parent

In enrolling my child(ren), I understand and agree to the following in respect of students in classes for which fees are payable (e.g. Emet Extension, Emet Traditions and Hebrew):

I will be invoiced twice per year (on a semester basis)

The timetable and days of attendance are set for the year. Full fees are payable for all enrolled students irrespective of attendance.

In respect of students withdrawing for 2nd semester, notice of withdrawal must be received by BJE at least 2 weeks prior to the end of the 1st semester, failing which fees will be payable for the 2nd semester.

Signature of Parent

Date:/...../.....

FOR HEBREW ENROLMENTS ONLY—please also read and sign this section.

I have been advised by the NSW Board of Jewish Education (BJE) that the information about the students listed on this enrolment form is used for the purpose of applying for and monitoring funding under the CLP (NSW Community Languages Program). It will be used by the Department of Education and Training (DET) for assessment of eligibility and monitoring of programme implementation. I have been advised that DET will be granted access to the information, that provision of this information, by me, is voluntary and that it will be stored securely.

I am aware that if I do not provide this information, the student(s') education will not be funded and this may affect the fees payable by me.

(You may correct any personal information provided at any time by contacting BJE).

Signature of Parent

Date:/...../.....

After completing and signing, please return this form to the:

NSW Board of Jewish Education
 56 Roscoe Street, Bondi Beach NSW 2026
 F: 02 9365 0976 E: enrolments@bje.nsw.edu.au